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POSTGRADUATE EDUCATION IN OBSTETRICS*

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OURS is an age of change. Political concepts, social distinctions, and national boundaries are in a state of turbulence and unrest. Even the very laws of physics and chemistry have not resisted the general upheaval, since the development of the cyclotron has rapidly made necessary new interpretations of what were thought to be static relationships. My father often remarked that he had lived longer than Methusela, since, during his lifetime, there had been a greater alteration in the every-day life of man than had occurred during all of the 969 years of the fabled ancient. By that standard, each year, each month, almost each day, has set a new record for longevity. Nor are these changes confined to the world about us. Within the cloistered walls of thought that comprise Medicine, there have also been rapid mutations. Throughout our long history we have noted constant developments, but, due to our conservative background, we often are slow to recognize any but the more dramatic incidents of progress. Thus the development of insulin, the discovery of the action of the sulphonamides, and the rôle of liver extract in the combating of anemia, have each received its full mede of acclaim, whereas improvements in dietetics, in the recognition of early tuberculosis and cancer, and in the reduction of maternal death rates, are notable only when contrasted with the findings of the past.

In this Section on Obstetrics of the California Medical Association, our interest is directed to changes in the field of obstetrics and gynecology. It may truly be said that all trends and worthwhile innovations sooner or later are discussed before this body. The fact remains, however, that our tendency here is to illuminate isolated facets of the gem of medical knowledge rather than to obtain a portrayal of the whole. It would seem worthwhile, then, to consider how best we may bring the entire picture before a respectable proportion of our fellow physicians, to emphasize the highlights properly, and to eradicate the flaws that have become apparent. For this purpose, systematic postgraduate education is the only logical means available.

EARLY GRADUATE TEACHING IN THE UNITED STATES

It is interesting to remember that the earliest graduate education in this country was for the purpose of giving instruction in obstetrics. William Shippen, Jr., who had studied under Smellie and William Hunter, offered to the physicians of Philadelphia a course of eleven lectures, supplemented by manikin demonstrations and "with one natural labour at least" which, in 1762, aroused the populace to violent remonstrance. At about the same time, James Lloyd of Boston, also a student of Smellie and Hunter, received pupils for the purpose of instructing them in "natural and preternatural labour." These pioneers were subjected to the criticism of both the lay public and the profession for the impropriety of their invasion of the privacy which was woman's natural right. At least one attempt was made on Shippen's life.

So slow was the acceptance of teaching by demonstration that, when James Platt White of Buffalo conducted a delivery at a clinic of the medical department of the University of Buffalo in 1850, he was assailed by the press in scathing terms, and the recriminations of the profession were heaped upon his head. He subsequently sued one of the newspapers for libel. During the trial there was testimony by some of the leading physicians of Buffalo that the exposure of the parturient woman was wholly unnecessary, either to effect delivery or to teach obstetrics, and that such an innovation as proposed by White "shocks the moral sensibilities, diminishes the moral feeling, and debases the moral man." The American Medical Association entered the controversy, and its Committee on Medical Education, after long deliberations, stated that the exposure complained of might facilitate somewhat in the protection of the perineum, but that this was not sufficient compensation for the obvious disadvantages. Doctor White lost his suit. Ultimately, in the face of these discouragements, the first obstetrical teaching clinic in America was established in Buffalo, with Doctor White as chief—some twenty-five years after his initial attempts.

Obviously, these problems of the past are not those of today. No longer is it possible to compress all the wealth of obstetrical knowledge within the confines of eleven lectures. No longer would the observation of one delivery be classed as advanced obstetrical experience. Hence it is not possible now to present a cursory discussion of elementary values that will be received with interest. For those of us in practice, the question of the moment is "from whom or from what may we learn?" For our teachers and professors, the problem is as to how best to offer material of practical value to the practitioner.

OBSTETRIC LITERATURE

We learn, of course, from many sources. New books present their messages in compact form. A recent edition of one of the several excellent ob-

* Chairman's address. Read before the Section on Obstetrics and Gynecology at the seventieth annual session of the California Medical Association, Del Monte, May 5–8, 1941.

stetrical textbooks is a necessity to anyone who occasionally supervises a delivery, but textbooks, unfortunately, are out of date practically as soon as printed. Journals, in particular the three devoted to obstetrics and gynecology, present so many articles that most of us rely upon abstracts in order to cull out the papers that we deem worthy of intensive study. For most of us, even the reading that we attempt is a difficult task, and our interest is often disturbed by the inevitable interruptions that make up the joys and headaches of practice. The printed page lacks the vitality of spoken words. Hence our enjoyment of our local and state meetings, our delight in "talking shop" whenever and wherever opportunity affords. Thus we exchange ideas, revise our modes of therapy, and seek new views of persistent problems.

TOPICS FOR DISCUSSION

Our opportunity for listening and for discussion in obstetrical matters is usually quite restricted. Except in the larger centers, one or two programs during a year are all that is available. Further discussion of the advances in our field is essential if we are to keep abreast of the times. Consider, for the moment, the topics concerning which we need the enlightenment of the newer developments. A partial list would include Caldwell and Malloy's study of the configuration of the pelvis, x-ray pelvimetry, the treatment of pyelitis with mandelic acid and sulfanilamide, episiotomy and its anatomical repair, improvement in the technique of Cesarean sections, the care of pregnancy complicated by tuberculosis, and a whole host of similar subjects. Two more, of which we learn too much from enthusiastic detail men, are the related values of minerals and vitamins in the dietary needs during pregnancy.

REFRESHER COURSES

It should be quite evident that, if we are to acquire all of this information, to be fully educated even in a limited portion of practice, we will have no time to see patients. We must, therefore, effect a compromise, and select some method whereby we may predigest much of the food for thought. Such a compromise may be found in the so-called "refresher courses" offered at postgraduate schools and university hospitals, including our own, where demonstrations and lectures are arranged to review, in two or three weeks, the problems encountered in general practice. These courses are excellent, but thus far attendance has been extremely limited. The difficulty of leaving one's practice for the necessary time, the expense involved, and possibly the realization that the financial return would be greater if the same effort were applied to some other phase of practice, have built up too much inertia for the average practitioner to overcome. Hence, the hospital courses, although of great benefit to those who can avail themselves of such facilities, fall short of meeting the needs of the majority.

IOWA PLAN: EXTRAMURAL COURSES

But "Mahomet went to the hill," as Plass aptly recalls. In 1929 the University of Iowa Medical School initiated a series of extramural lectures given wherever a sufficient group of physicians desired. The idea of transporting the classroom to the student instead of the reverse arose from a consideration of two factors. The first, that very few physicians in practice could avail themselves of the postgraduate teaching that was offered, has already been noted. The second, and possibly the more important, was that there was an insufficient number of teaching cases for the undergraduate work without diverting any of such material to graduate instruction. Incidentally, this is the case in practically all teaching hospitals. It was quite evident, then, that if postgraduate instruction was to be developed without infringing upon undergraduate prerogatives, such work would of necessity be carried afield. Accordingly, a course of twenty hours divided into ten sessions, was suggested to county medical societies, and rapidly the plan was under way. As it has developed, the county society is the typical sponsor, although county lines are not considered. A course is presented wherever physicians register in sufficient number to meet the expense involved. Attendances up to a hundred have not been infrequent, although a smaller group, fifty to sixty, is preferable. As to costs, the Iowa plan embodies a registration fee of $10 for each course. This has paid the travel and material expenses, and has also provided a small stipend to the part-time members of the itinerant faculty. An additional item to be considered is that the registration fee has served to stimulate interest and attendance, since it is only human to attempt to get full value from any expenditure.

HOW FIELD WORK WAS RECEIVED

The striking response of the Iowa physicians to this type of study awakened the interest of other departments, and shortly there were courses in surgery, medicine, and pediatrics which were enthusiastically received. Neighboring states adopted the idea, sometimes borrowing full-time instructors during the summer months, until the west central states now are a vast network of postgraduate centers. The period during which groups were urged to accept a course has long since passed, and a new problem, that of supplying an insistent demand, has arisen. The authorities in charge have realized from the beginning that the type of instruction needed was different from that in the student classroom. The practitioner is not interested in how to measure accurately the diameters of the pelvic inlet. He is concerned with the age-long problem of gauging whether this particular baby may be expected to pass through this particular pelvis. His patients are individuals, not merely members of a classification. His instructor, therefore, must be able to teach from personal experience and interpret the literature in that light.

In view of the appeal of actual demonstration, it would appear that case-teaching should be used in field work of this type. Two reasons prevent its utilization. The first is that it would be difficult to shift the arrangement of lectures to the material at hand according to whether there was available

a patient with ectopic pregnancy, eclampsia, or placenta previa. The second is the hazard of possible criticism of the attentions given the patient by the physician in charge. The suggestions given may be most helpful, but the probabilities of fanning into flame the local jealousies are too great. Moving pictures probably will supply this deficiency to a large degree.

Some years ago our State Society urged the county organizations to appoint committees on postgraduate work and outlined topics suitable for presentation. While many of the meetings so sponsored were of excellent grade, the real values oftentimes were obscured by the necessity of covering too many subjects in a short time. The usual procedure was to hold a "Postgraduate Day," and possibly six rather unrelated presentations of an hour each left the listeners paralyzed from so lengthy a session. By the time the last speaker had finished, the material presented in the first lecture was forgotten. For a balanced mental diet, too many meat courses were served, and too rapidly for adequate digestion.

Because we saw the error inherent to this indiscriminate grouping, and because we felt that a better interest in obstetrical matters would lead to better obstetrics, some half dozen of us in Los Angeles decided upon offering independently a series of talks, each of us selecting two subjects. This we began two years ago. Naturally our first efforts were somewhat inept. We had to learn by experience to condense theory interesting to select groups and to emphasize specific points in practice. In time, we may develop a definite service to our neighboring areas, provided, of course, that they can put up with us until we really are of value.

RECOMMENDATIONS

But this effort cannot measure up to the Iowa project. For one thing, we have practices to maintain, and must substitute speakers on occasion, according to the demands of our patients. For another, distances in California are great, and the outlying counties must not be forgotten. It would seem that a better coverage and by better lecturers should be possible. Specifically, I suggest that the California Medical Association authorize the payment of travel expenses of lecturers on obstetrics, at the various county centers. This would relieve the lecturer of expenses which are not properly his own, and would give every physician wherever situated a definite interest in the State Society. Next, the lecturers should be selected by the professors of obstetrics at California and Stanford in the North, assisted by the professors at Southern California and the Medical Evangelists in the South. Who better qualified to know which men to present a given subject in forceful fashion? I suggest further that such proposed lectures be arranged as a course of eight to twelve separate talks and presented as a unit. Not more than two papers should be given on any one date, separated, if possible, by the dinner hour. A session each week gives time to absorb and arrange mentally the pertinent facts given by the last speaker, and to meet the next with freshened interest. Probably the arrangement of topics could be added to the duties of the professor at our state school, provided that the next appointee possesses the driving force and organizing ability that has been the happy possession of the present incumbent. While a more unified service could be rendered were one lecturer to conduct an entire course, this is not feasible except where full-time teachers are available. None of us in practice could afford to maintain for long a schedule of one or two nights per week away from our usual haunts. A further practical objection to the one-man course is that there are few indeed who can speak entertainingly upon more than three or four subjects. Since our medical school departments are not on a full-time basis, the arrangement of a team of speakers becomes automatically the only solution available. Lastly, a small registration fee would aid in the meeting of expense accounts and insure continued interest.

IN CONCLUSION

This thought, then, I leave with you. Our annual meeting and our county sessions are not enough. Our reading, valuable as it is, lacks continuity. Detail men are more interested in the building of demand for products than in the dissemination of education. We must lift ourselves by our own bootstraps—and we have at hand bootstraps of quantity and quality.

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CUTANEOUS AND MUCOUS MEMBRANE CANCER*

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THERE always has been, and there probably always will be, great argument between dermatologists, surgeons and roentgenologists as to the "best treatment" of skin and mucous membrane cancers. It can be said without fear of contradiction that the first necessary element in this "best treatment" is skill in recognizing the clinical picture of these malignancies and, what is just as important, an equal skill in recognizing the clinical pictures of the various dermatological entities which may mimic them. There can be less certainty about the second necessary element in this "best treatment," that is, which type of therapy should be applied to any given cancer.

I have always had a strong personal preference for the destructive methods of therapy, such as electrosurgery, the actual cautery or excision, over radiation therapy. However, I have always felt that any physician who is especially interested in this field should have available to him, and should be expert in the use of, all of these modalities.

Because of the many wordy battles in which I have engaged relative to this subject, I decided a

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